

Name  
in  
Full

Lucy Banister

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *River Side* Town *Charles* County

MARYLAND

Date of death *1906* Month *Sept* Day *3* Age Years Months Days *3*Sex *Female* Color or Race *Black* Birth-place *Ind*

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Henry Banister* Father's BirthplaceMother's Maiden Name *Martina Smart* Mother's Birthplace *Ind*

Name of person giving information How related to deceased

## CAUSES OF DEATH

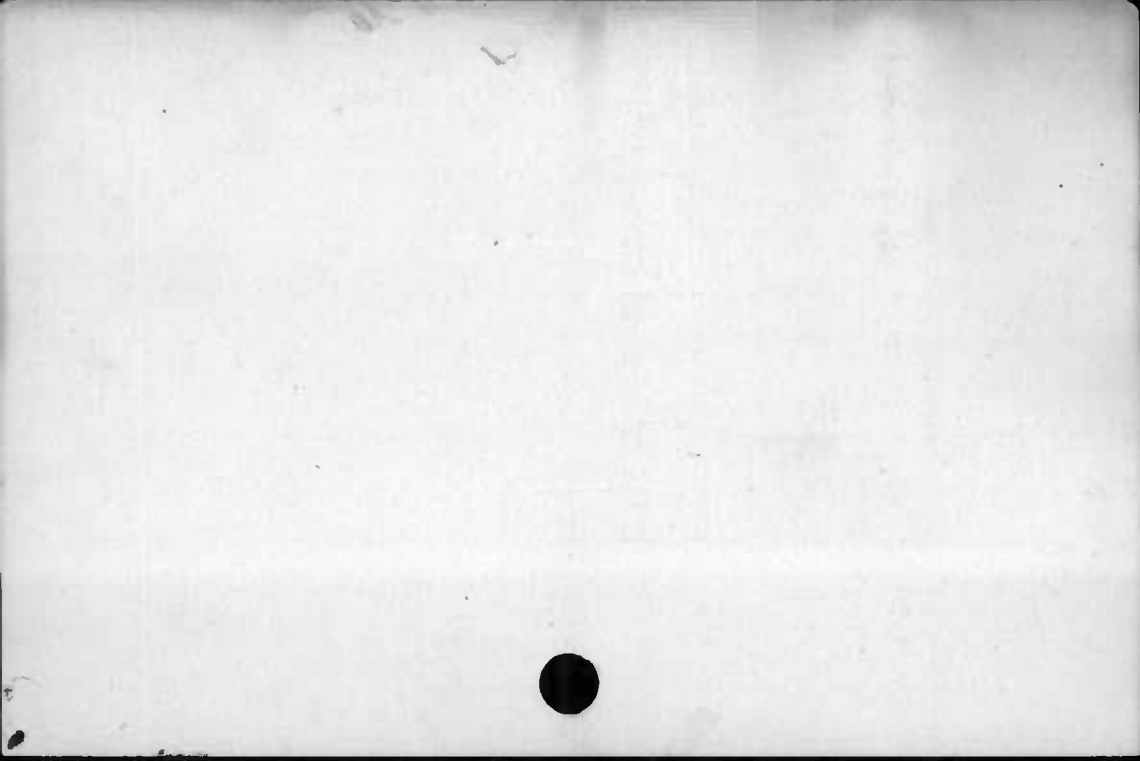
Primary *Spasms* *(11)* How long

Immediate How long

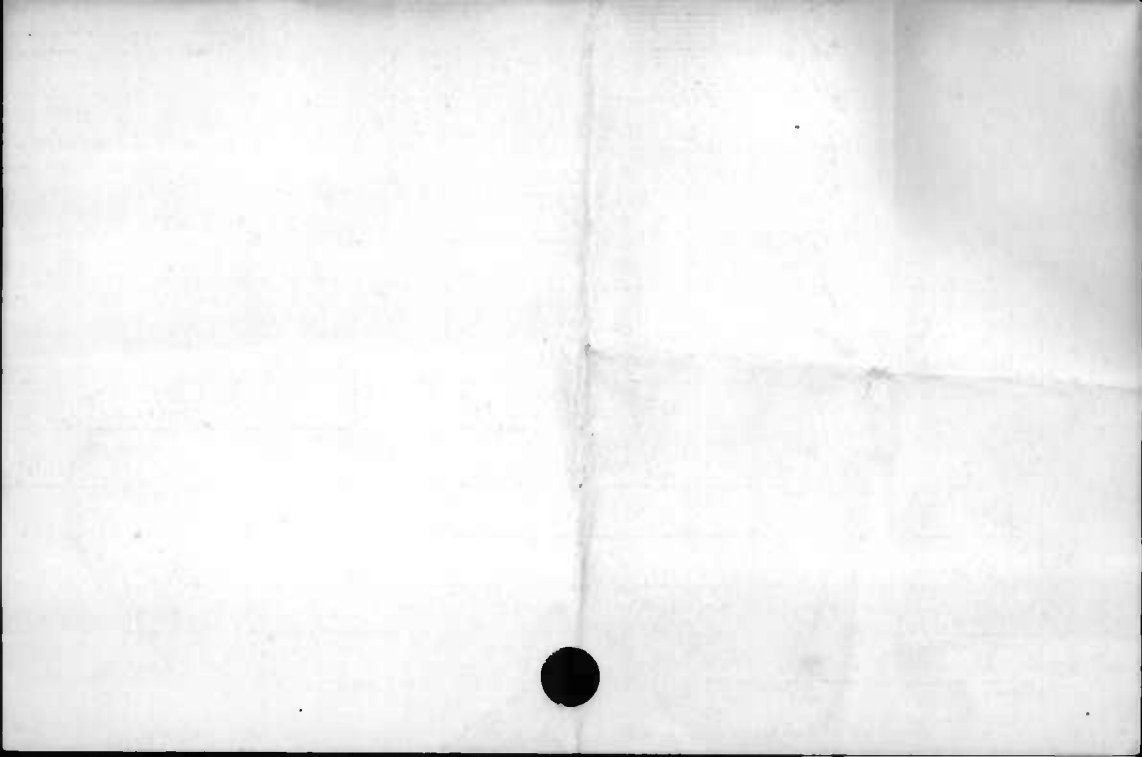
Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *James M. Wheeler*Address *Sub Registrar*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name In Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>James Bunt</i> Town <i>Hampden</i>		County <i>Charles</i>		MARYLAND		
	Date of death	1906	Month 9	Day 27	Age 60	Months — Days —	
	Sex	Male		Color or Race	Black	Birth-place	Ind
	Occupation	Farmer		Where Residing if not at place of death —			
	Married, Single or Widowed	Married		Name of Wife or Husband	Charlotte Bunt		
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information	James Dougherty				How related to deceased	Nephew
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Pneumonia</i>			How long	2 weeks	
	Immediate	<i>Heart failure</i>			How long	—	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	<i>H. C. Chappin</i>		
				Address	<i>Hampden Ind</i>		
Accident or Suicide?							



Name in Full		— <u>Forbes</u> —				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Mar La Plata</u> <small>Town</small>			<u>Charles</u> <small>County</small>		MARYLAND	
	Date of death <u>1906</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>2</u>		Age <u>Still born</u> <small>Years</small>		<u>Months</u> <small>Days</small>		
	Sex <u>male</u>		Color or Race <u>colored</u>		Birth-place <u>Charles tw</u>		
	Occupation <u>none</u>		Where Residing if not at place of death <u>—</u>				
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>— none</u>				
	Father's Name <u>not known</u>				Father's Birthplace		
	Mother's Maiden Name <u>Rosalie Forbes</u>				Mother's Birthplace <u>Charles tw</u>		
Name of person giving information <u>Margaret Forbes</u>				How related to deceased <u>S. mother</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Still born</u>			How long			
	Immediate <u>—</u>			How long			
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>Thos. S. Owen M.D.</u>			
	Accident or Suicide? <u>—</u>			Address <u>La Plata Md</u>			

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Handwritten marks in the upper middle section.



Name  
in  
Full

Sidney E M Jenkins

CERTIFICATE OF DEATH

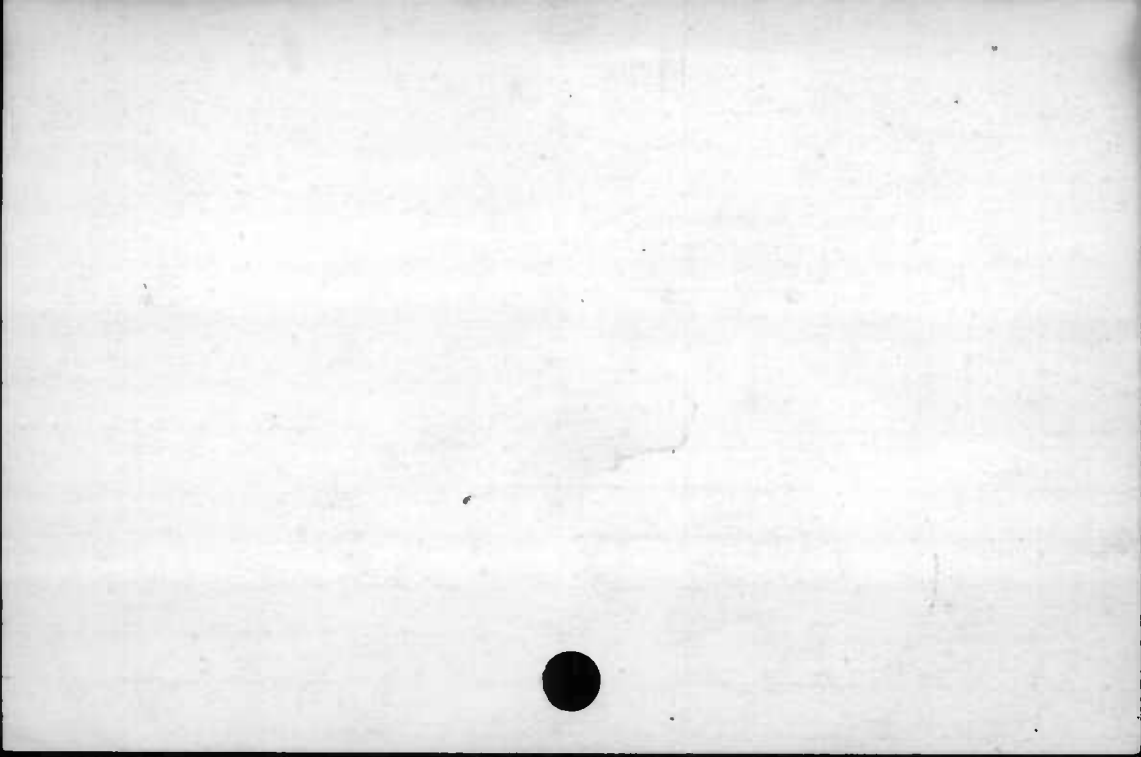
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Pisgah</i>		Town <i>Pisgah</i>		County <i>Charles</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept</i>	Day <i>13</i>	Age	<i>3</i>	Months	<i>20</i>
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>Ind</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>none</i>			
Father's Name	<i>John W Jenkins</i>					Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Mary O Wright</i>					Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>John W Jenkins</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>179</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician
Address		<i>none in attendance</i>
There were no physicians in attendance Accident or Suicide? <i>attendance</i>		<i>6 D Carpenter Sub. Reg. - Pisgah Ind.</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>La Plata</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>			
Date of death <i>1906</i>	Month <i>9</i>	Day <i>8</i>	Age <i>1</i>	Years <i>1</i>	Months <i>2</i>
Sex <i>M</i>	Color or Race <i>C</i>		Birth-place <i>Pa</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>S</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Albert Killy</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Susanna Janifer</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Alfred Jenner</i>			How related to deceased <i>Grand Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Maresmus.</i>	How long <i>Life time</i>
Immediate <i>Aschemia and Heart Failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Paul L. Hawken</i>
<i>J</i>	Address <i>La Plata md</i>
Accident or Suicide?	



Name  
In  
Full

Sarah M. Pherson

## CERTIFICATE OF DEATH

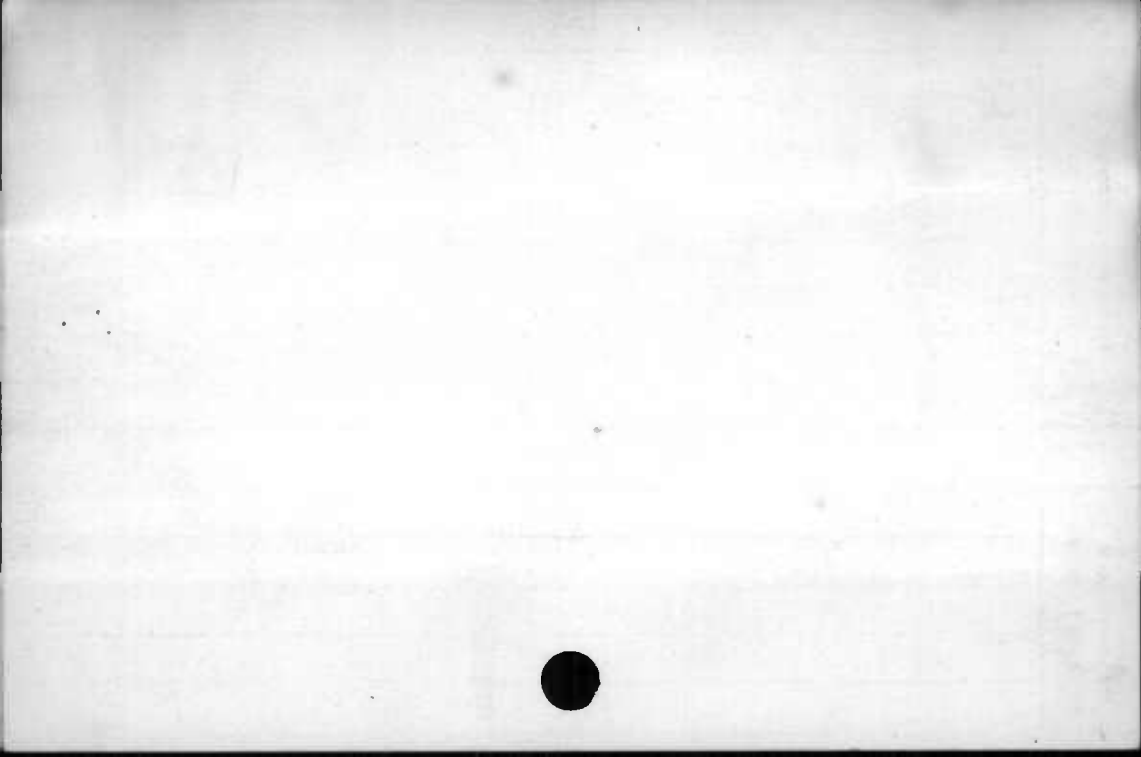
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pomonkey</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>9</i>	Day <i>7</i>	Age <i>27</i>	Years	Months
Sex <i>F</i>	Color or Race <i>C</i>		Birth-place <i>Ind.</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>S</i>		Name of Wife or Husband			
Father's Name <i>Frank M. Pherson</i>			Father's Birthplace		
Mother's Maiden Name <i>Rose L. L. L.</i>			Mother's Birthplace		
Name of person giving information <i>Thomas Day</i>			How related to deceased		

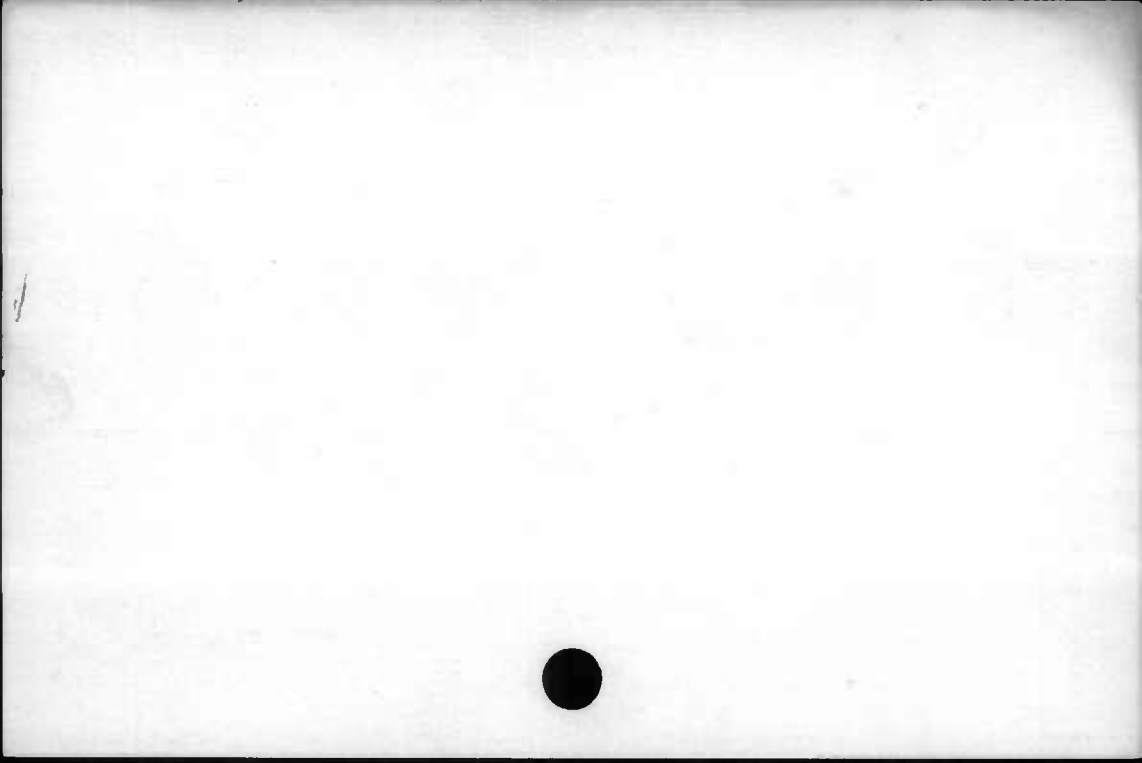
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Child Birth</i>	How long <i>1 week</i>
Immediate <i>Puerperal Septicemia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James L. Hannon</i>
<i>Yes</i>	Address <i>La Plata</i>
Accident or Suicide?	<i>Ind.</i>



Name in Full		Louis Matthews				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town La Plata	County Charles		MARYLAND	
	Date of death	1906	Month Sept	Day 8 <sup>th</sup>	Years 46	Months —	Days —
	Sex	male		Color or Race	white		Birth-place
	Occupation	none for past 9 or 10 months formerly a brick maker		Where Residing if not at place of death		Germany	
	Married, Single or Widowed	married		Name of Wife or Husband		Damenfelser Mary Matthews	
	Father's Name	Damenfelser				Father's Birthplace	—
	Mother's Maiden Name	Damenfelser				Mother's Birthplace	—
Name of person giving information		Mary Matthews				How related to deceased	wife
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tuberculosis			How long	about year
	Immediate		—			How long	—
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
	Accident or Suicide?		—		Address		
				Thos. J. Owen, M.D.			
				La Plata			
				Md.			



Name  
in  
Full

Margaret Miles

CERTIFICATE OF DEATH

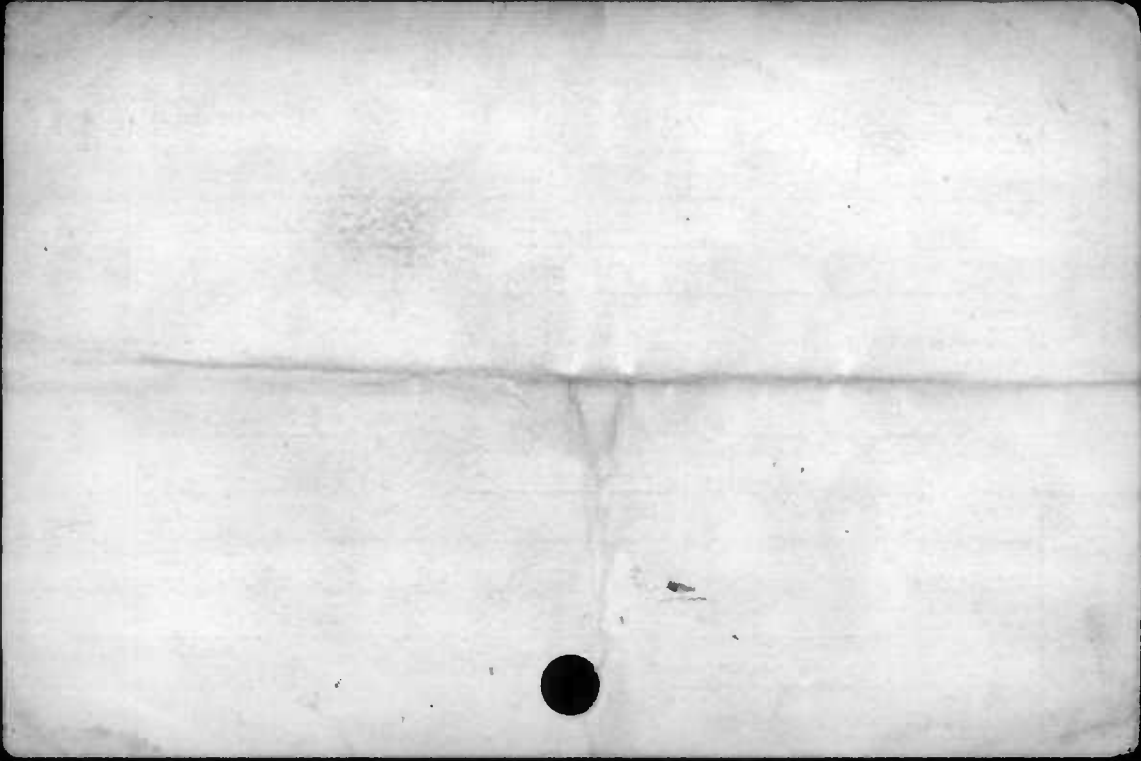
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>La Plata</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>9</i>	Day <i>7</i>	Age <i>1</i>	Years	Months <i>2</i>	Days	
Sex <i>Female</i>	Color or Race <i>C</i>		Birth-place <i>Ind</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>S.</i>			Name of Wife or Husband				
Father's Name <i>Fred Miles</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Josephine Gellum</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Fred Miles</i>			How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Emphysema.</i>	How long	<i>93</i>
Immediate	<i>Conjestion of lungs</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Paul H. Harmon M.D.</i>
		Address	<i>La Plata</i>
Accident or Suicide?			<i>Ind</i>





Name  
in  
Full

Mary Catherine Miles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>La Plata</u> <sup>Town</sup>		<u>Charles</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	<u>9</u> <sup>Month</sup>	<u>8</u> <sup>Day</sup>	Age <u>—</u> <sup>Years</sup>	<u>One</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>C</u>		Birthplace <u>Ind</u>		
Occupation <u>stone</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>S</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Fred Miles</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Fred Miles</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Marasmus, Hooping Cough</u>	How long <u>Life time</u>
Immediate <u>Conjestion of Lungs</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above <u>Yes</u>	Signature of Physician <u>Paul L. Hannon</u>
	Address <u>La Plata</u>
Accident or Suicide? <u>—</u>	<u>Ind.</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Samuel C. Mills</b>		Town <b>Grayton</b>		County <b>Charles</b>		MAYLAND	
Died <b>Mar</b>		Month <b>Sept</b>		Day <b>8</b>		Years <b>68</b>	
Date of death <b>1906</b>		Month <b>Sept</b>		Day <b>8</b>		Years <b>68</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birthplace <b>Va</b>			
Occupation <b>Farmer</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or <b>Mary E. Mills</b>					
Father's Name <b>-</b>		Father's Birthplace <b>-</b>					
Mother's Maiden Name <b>-</b>		Mother's Birthplace <b>-</b>					
Name of person giving information <b>Robert Mills</b>		How related to deceased <b>Son</b>					

## CAUSES OF DEATH

Primary

**Consumption**

How long

**1 year or more**

Immediate

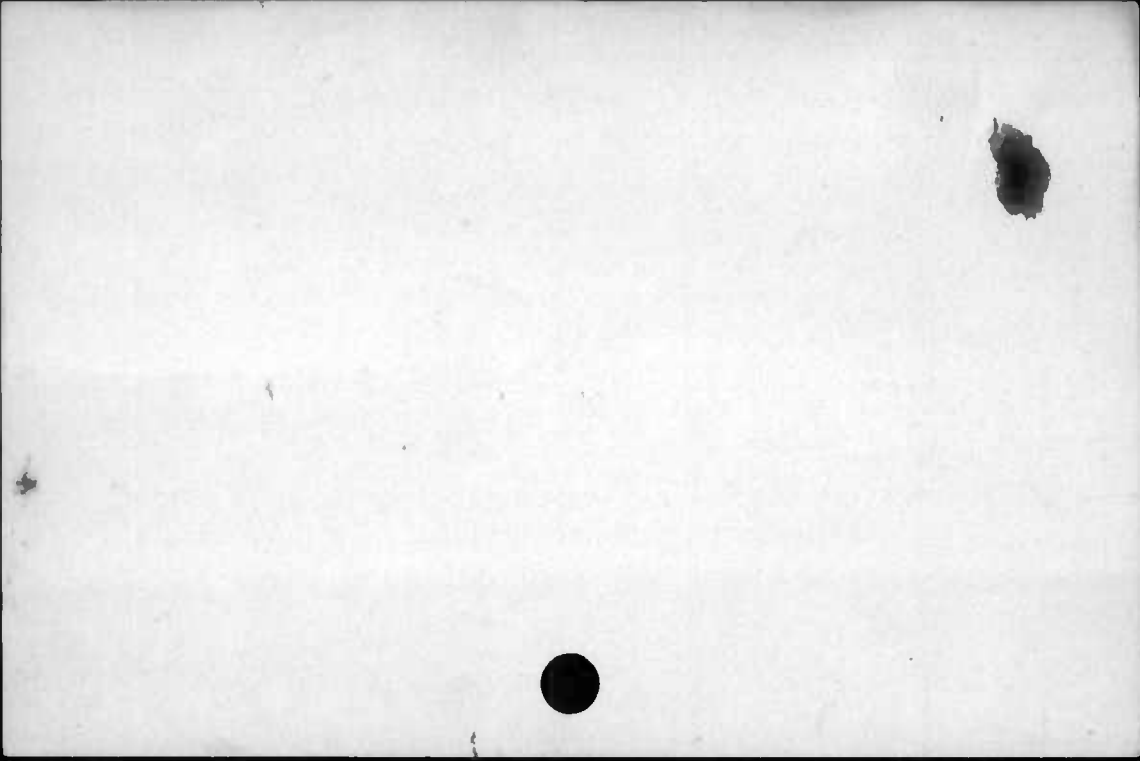
Are the name, age, sex, color, date and place correctly given above?

**Yes**

Signature of Physician

Address

**S. H. Speake MD**  
**Grayton**



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Waldorf</i> Town		<i>Nelson</i> County			
Date of death <i>1904 Sept-</i>		Day <i>23</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		Days <i>—</i>
Occupation <i>—</i>			Where Residing If not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Robt- Wilson</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>L. J. Grindfield</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Robt- Wilson</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long <i>—</i>
Immediate	<i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. O. Morrison</i>
Address <i>Waldorf Ind</i>		
Accident or Suicide? <i>—</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

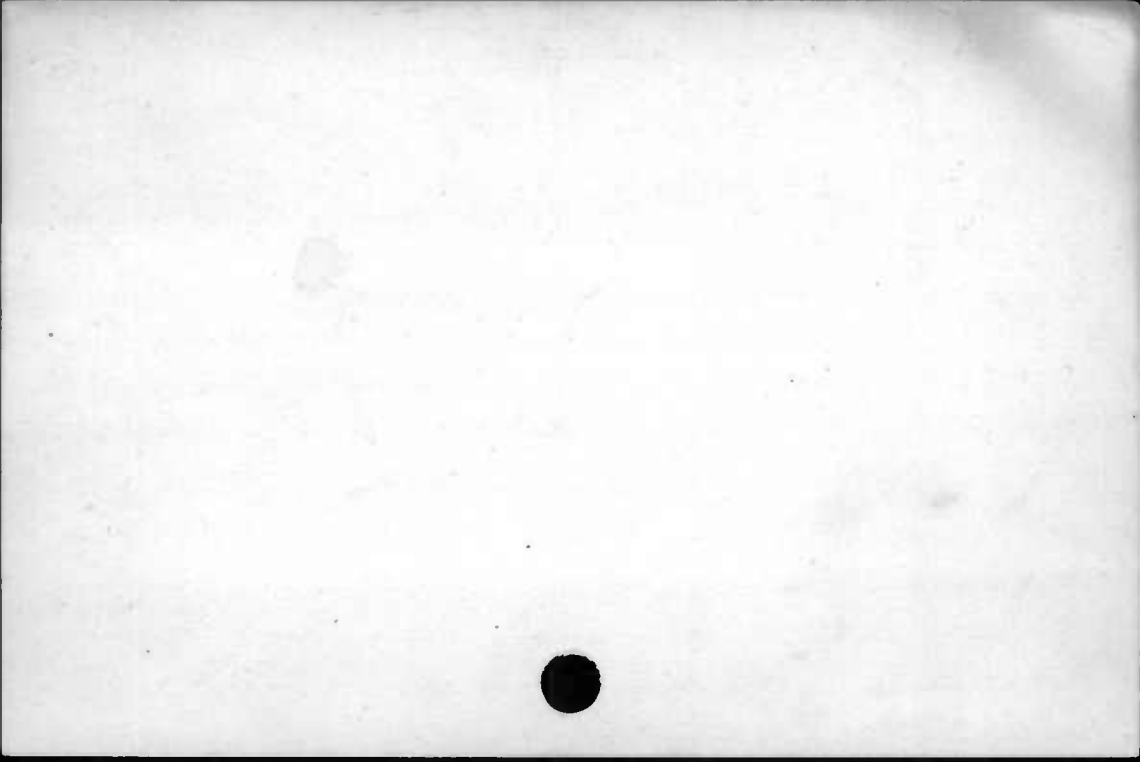
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Myrtle Louise Posey</i>		Town <i>Mason Springs</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Mason Springs</i>		Month <i>Sept</i>		Day <i>1st</i>		Age <i>1</i> Years <i>18</i> Months <i>1</i> Days <i>18</i>	
Date of death <i>1906</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Mason Springs</i>	
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Clayton E. Posey</i>				Father's Birthplace <i>Charles Co Md</i>			
Mother's Maiden Name <i>Nellie D Southerland</i>				Mother's Birthplace <i>Char. Co Md</i>			
Name of person giving information <i>Addison Marbury</i>				How related to deceased <i>none</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Gastro Enteritis</i>	How long	<i>4 weeks</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. B. Bicknell,</i>	
		Address <i>Pisgah, Ind.</i>	
Accident or Suicide? _____			





Name  
in  
Full

*Gurbridge Elizabeth Key*

CERTIFICATE OF DEATH

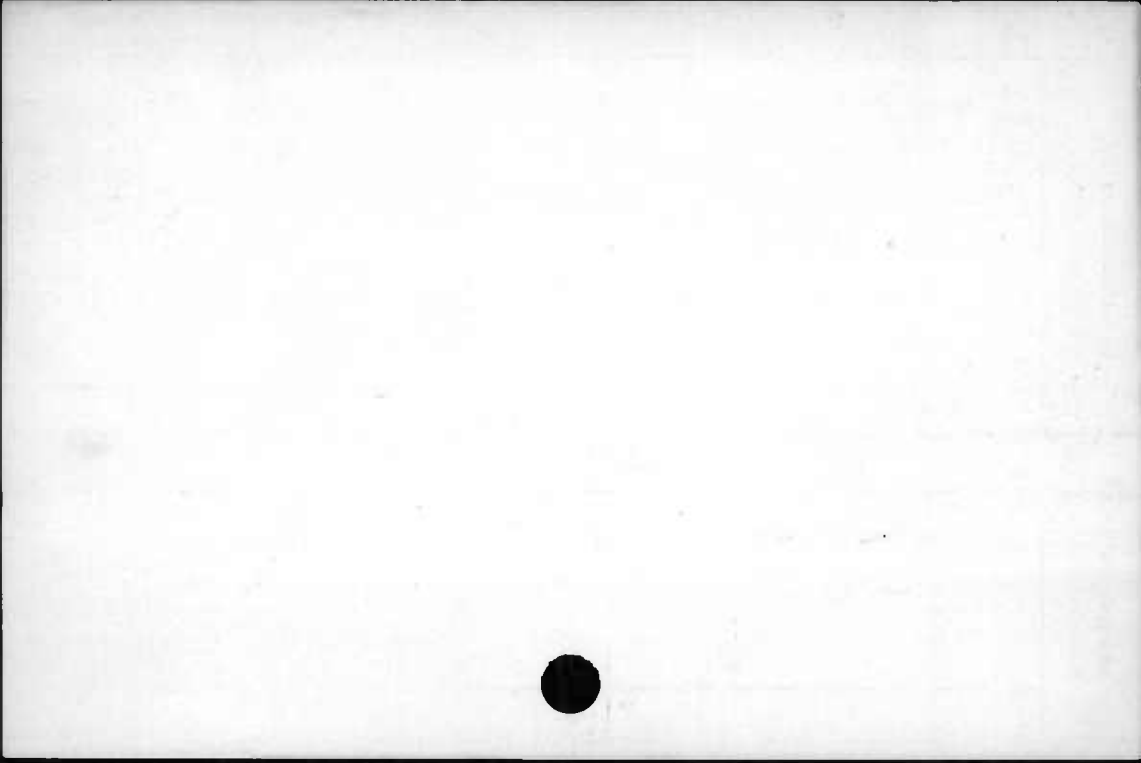
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Iron Sides</i> Town <i>Charles</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>7</i>	Age <i>1</i>
Sex <i>Female</i>		Color or Race <i>Black</i>	Birth-place <i>Ind</i>
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Henry Key</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Alburtin Franklin</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping cough</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ben Smith</i>
	Address <i>Iron Sides Ind</i>
Accident or Suicide?	



Name  
in  
Full

Darrah Kindrick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>11647</i> <i>1055</i> <i>Roads</i> <i>Charles</i> County		MARYLAND			
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>12</i>	Age <i>77</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Linda Wright</i>			How related to deceased <i>Friend</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Failure</i>	How long <i>Sudden</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James M. Wheeler</i>
	Address <i>Sub Registrar</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

John S. Robulson

Died at <sup>Town</sup> *Trar Berry*<sup>County</sup> *Charles*Date  
of death *1906*<sup>Month</sup> *Sept*<sup>Day</sup> *24*<sup>Years</sup> *40*<sup>Months</sup><sup>Days</sup>Sex *Male*Color or  
Race *Caucasian*Birth-  
place *Ind*Occupation *Farmer*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *Married*Name of Wife or  
Husband *E. Liers*Father's  
Name *Charles Robulson*Father's  
Birthplace *Ind*Mother's  
Maiden Name *Robulson*Mother's  
Birthplace *Ind*Name of person giving  
In formation *William Robulson*How related  
to deceased *Son*

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Lizzie Posey Smith</i>		Town <i>Cross Roads</i>		County <i>Chas</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months Days	
Month <i>Sept</i>		Day <i>22</i>		Years <i>45</i>		Months Days	
Sex <i>Female</i>		Color or Race <i>Bleek</i>		Birth- place <i>md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Noble Smith</i>					
Father's Name <i>Frank Posey</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving In formation <i>Lee Jackson</i>		How related to deceased					

## CAUSES OF DEATH

Primary

*Nephritis of Kidney*

How long

*fast sickness  
no milk*

How long

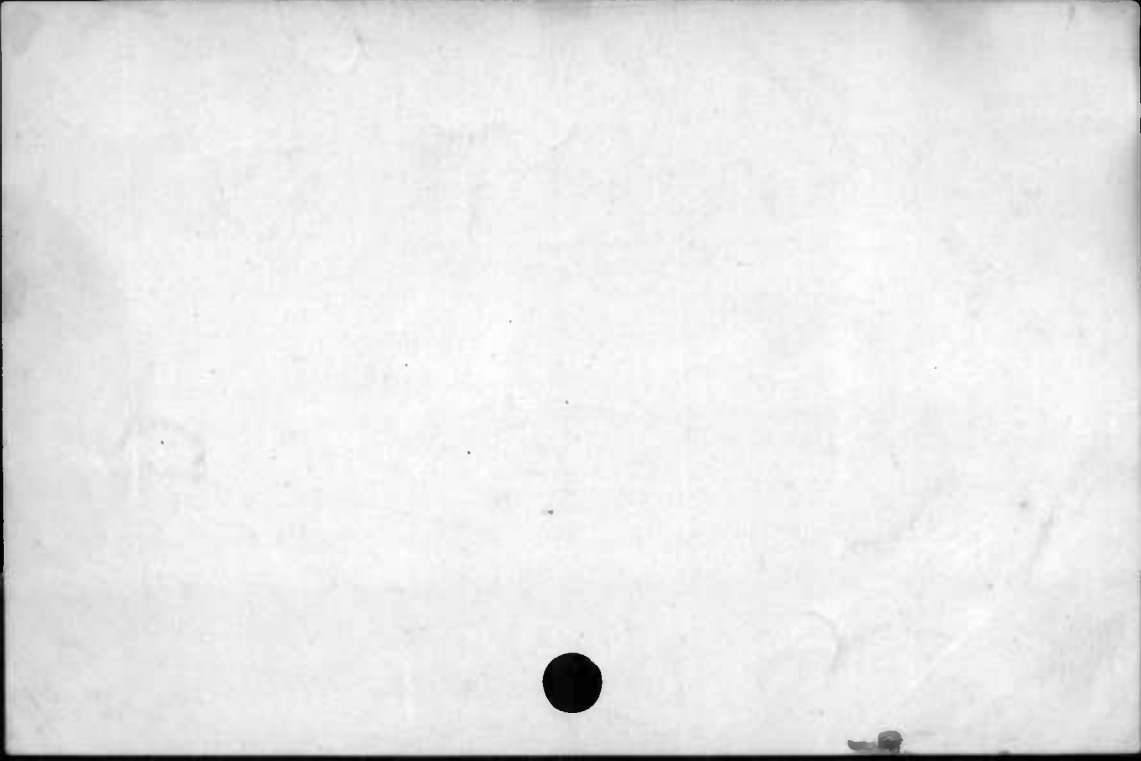
Immediate

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*S. H. Speake md  
Brynton  
md*

Accident or Suicide?





Name  
in  
Full

Theodore A Southerland Jr

## CERTIFICATE OF DEATH

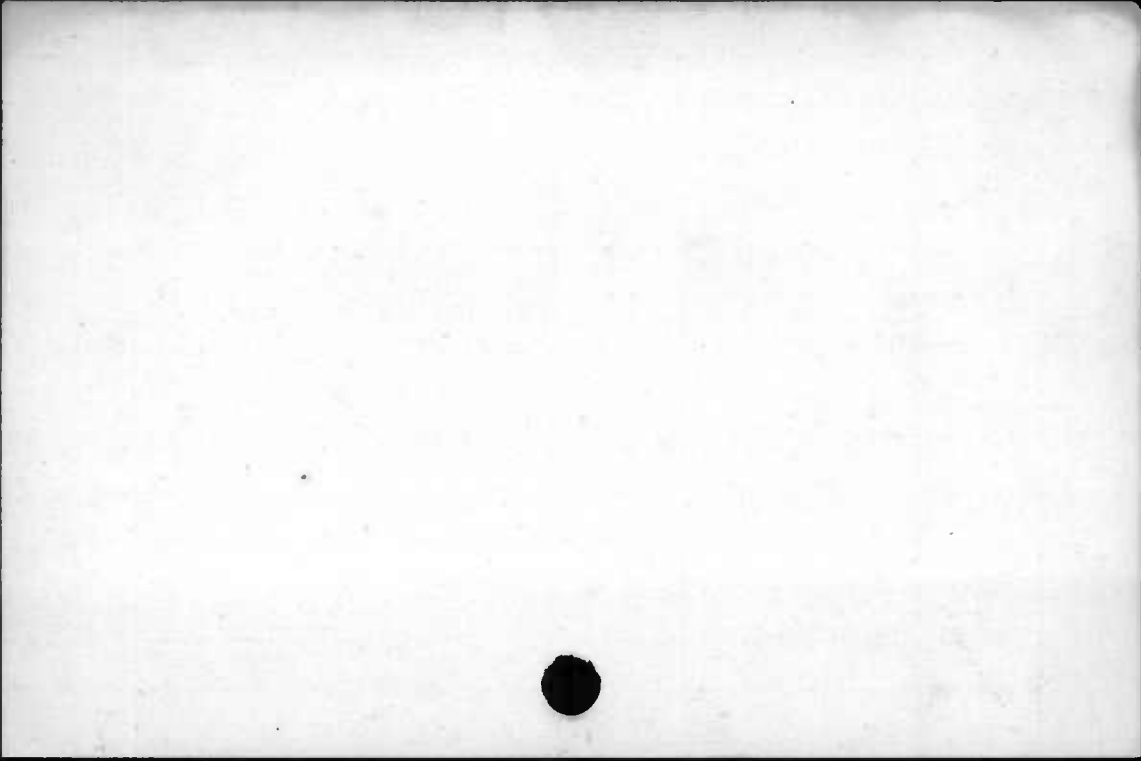
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Rison</i> <sup>Town</sup> <i>Co.</i>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept.</i>	Day <i>28</i>	Age <i>1</i>	Years	Months <i>19</i> Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>S</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Theodore A Southerland</i>			Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Maggie Scot</i>			Mother's Birthplace <i>md.</i>		
Name of person giving information <i>Barnace A Southerland</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>7 weeks</i>
Immediate <i>Meningitis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. B. Bicknell</i>
	Address <i>Pisgah, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Ascar Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>White Plains</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>9</i>	Day <i>16</i>	Age <i>7</i>	Months <i>5</i>	Days
Sex <i>Male</i>	Color or Race		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>S</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>Joseph Thomas</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Saisy Duckett</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Agnes Duckett</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>One week</i>
Immediate <i>Conjestion of lungs</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Paul L. Hannon</i>
<i>Yes</i>	Address <i>La Plala</i>
Accident or Suicide?	<i>Ind.</i>



Name  
in  
Full

Margaret Ann Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Pomonkey* County *Charles*

Died at *Pomonkey*

Date of death *1906* Month *Sept* Day *18* Age *74* Years Months *✓* Days *✓*

Sex *Female* Color or Race *Colored* Birthplace *Chas. Co*

Occupation *Housewife* Where Residing if not at place of death *Washington D.C.*

Married, Single or Widowed *Married* Name of Wife or Husband *Wm Thomas*

Father's Name *Wm Thomas* Father's Birthplace *Chas. Co*

Mother's Maiden Name *Nancy Garner* Mother's Birthplace *Chas. Co*

Name of person giving information *Wm Thomas* How related to deceased *son*

## CAUSES OF DEATH

Primary *Cerebral Hemorrhage* How long *One month*

Immediate

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

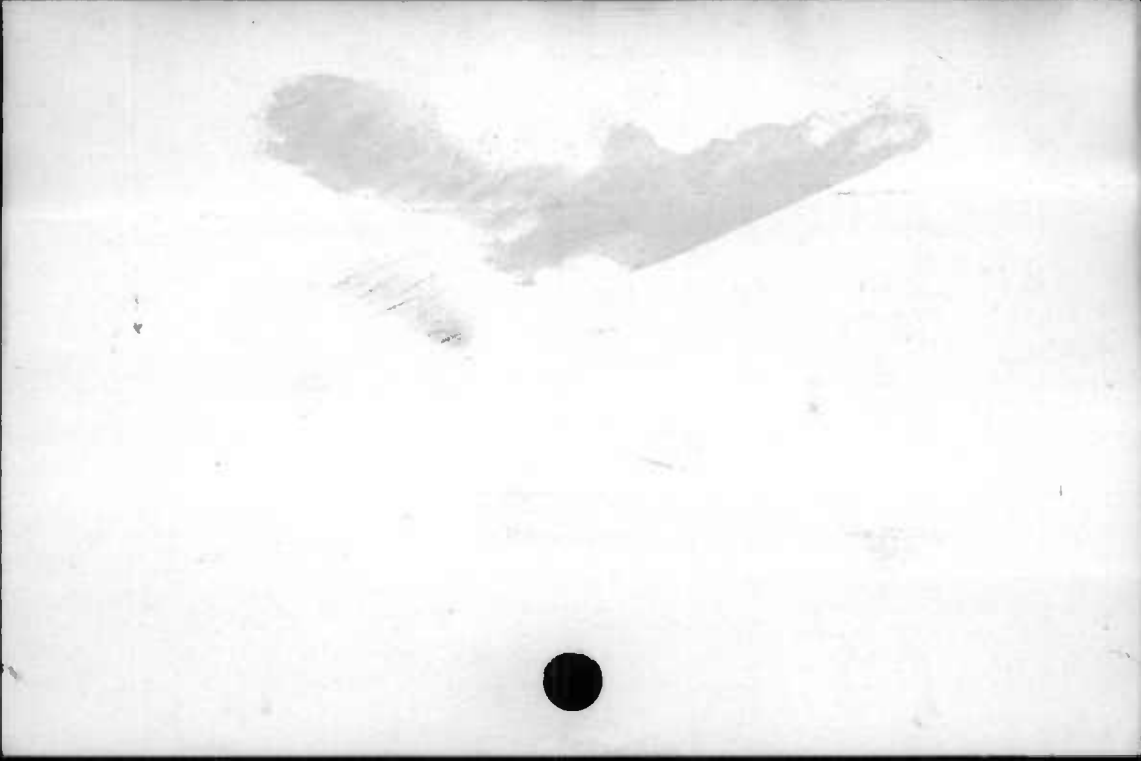
Address

*J. W. Mitchell*

*Pomonkey Va*

Accident or Suicide?

*No*



Name  
in  
Full

Cleveland Truford

## CERTIFICATE OF DEATH

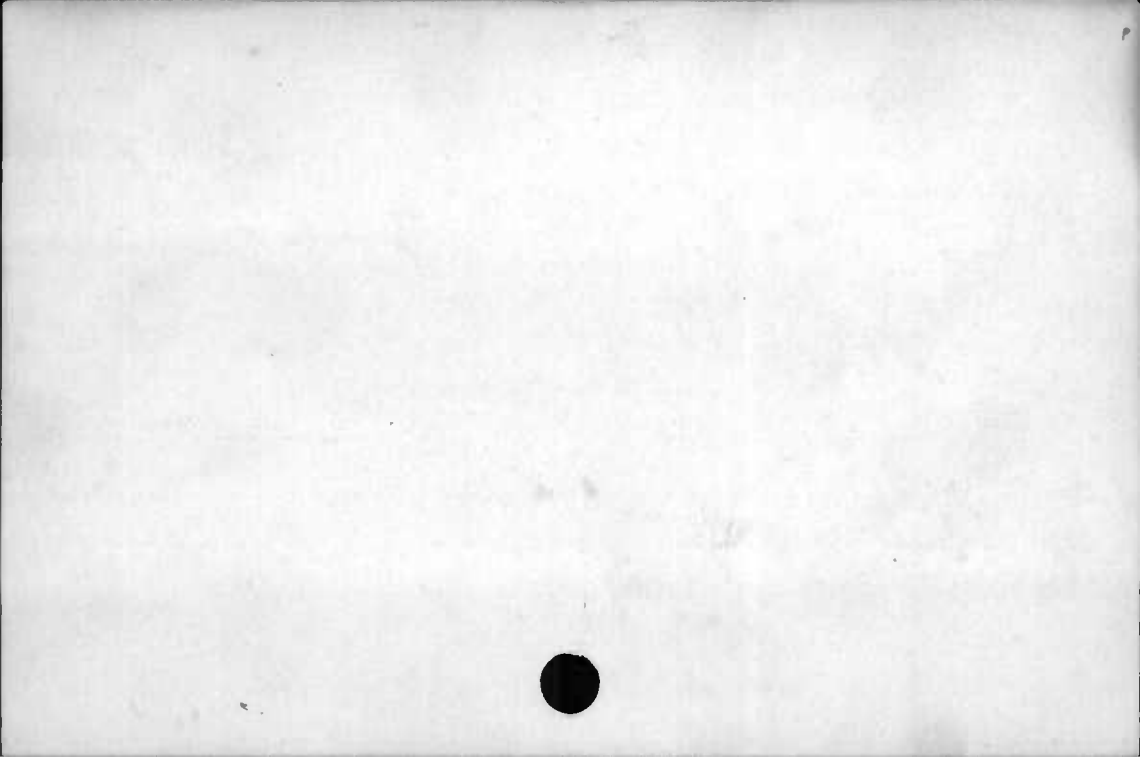
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Port Tobacco</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death	1906	Month	Sept	Day	20 <sup>th</sup>	Years	Age 14
Sex	Male		Color or Race	white		Birthplace	Port Tobacco
Occupation	<i>none school boy</i>		Where Residing if not at place of death				
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	T. L. Truford					Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	Louisa Davis					Mother's Birthplace	Va
Name of person giving information	T L Truford					How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Injury - Wound of Rectum &amp; Peritonitis</i>	How long	<i>166</i>
Immediate	<i>Peritonitis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Thos. S. Owen M.D.</i>
		Address	<i>La Plata</i>
Accident or Suicide?			<i>Ind</i>





Name  
in  
Full

Wm. H. Wood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Pyawmaw* TownCounty *Cherry*

MARYLAND

Date  
of death 1906Month *Apr*Day *28*Age *77* Years

Months

Days

Sex *male*Color or  
Race *white*Birth-  
place *Ind*Married, Single  
or Widowed *Widower*Occupation *Farmer*Name of Wifa or  
HusbandFather's  
Name *John Wood*Father's  
Birthplace *Ind*Mother's  
Maiden Name *Mary Simpson*Mother's  
Birthplace *Ind*Name of person giving  
In formation *L.A. Wood*How related  
to deceased *Brother*

## CAUSES OF DEATH

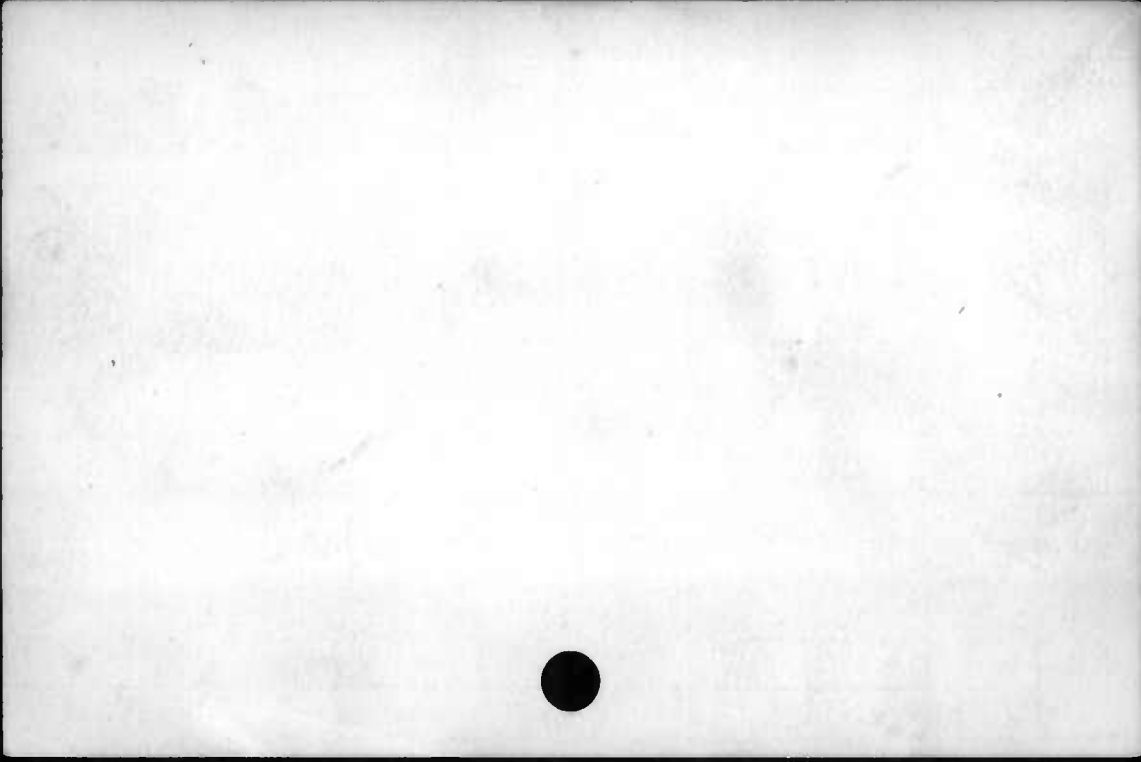
Primary *Bright's Disease*How long *1 Year*

Immediata

Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *L. B. Corvidine*Address *Pyawmaw*

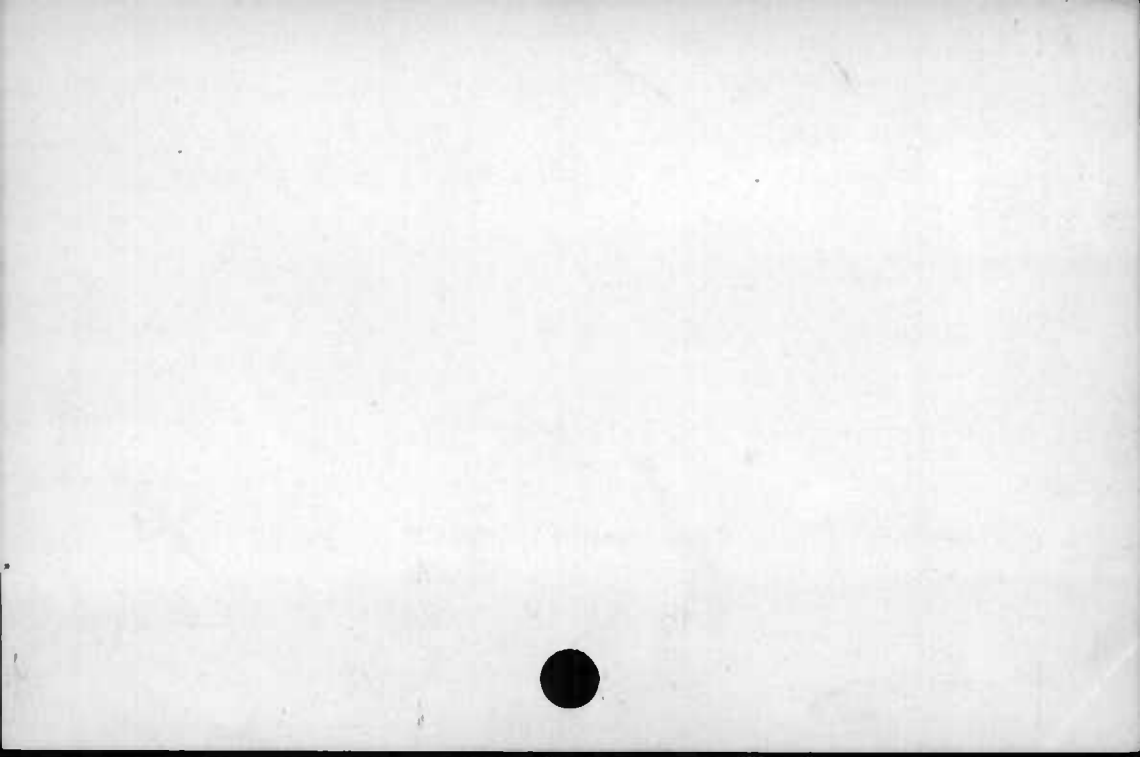
Accident or Suicide?

*Ind*PHYSICIAN  
OR CORONER



Name in Full	Laurie Thomas Wright (Infant)						CERTIFICATE OF DEATH	
	Died at <i>near Lerass Roads</i>				County <i>Chas.</i>		MARYLAND	
	Date of death <i>1906</i>		Month <i>sept.</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>—</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md.</i>			
	Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
	Father's Name <i>Jabeg. Wright</i>				Father's Birthplace <i>md.</i>			
	Mother's Maiden Name <i>Floora J. Bowie</i>				Mother's Birthplace <i>md.</i>			
	Name of person giving information <i>Alard Bowie</i>				How related to deceased <i>uncle</i>			

PHYSICIAN OR CORONER	CAUSES OF DEATH			
	Primary <i>Broncho Pneumonia</i>	How long <i>one week</i>		
	<i>(Bottle feed. Infant)</i>	How long <i>—</i>		
	Immediate <i>—</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. N. Speare</i>	
			Address <i>Wrayton, md.</i>	
	Accident or Suicide? <i>—</i>			



Name in Full		Joseph. Dablin Young				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Belatton		County		MARYLAND
	Date of death	1906	Month	Sept	Day	25	Years
	Sex		Male		Color or Race		Colored
	Occupation				Birth-place		Charles Co
					Where Residing if not at place of death		
	Married Single or Widowed				Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		Henry Young		Father's Birthplace		Charles Co
	Mother's Maiden Name		Nancy Sewell		Mother's Birthplace		Charles Co
	Name of person giving information		Henry Young		How related to deceased		Father
	CAUSES OF DEATH						
	Primary		Tuberculosis		How long		7 months
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Peter W. Roby J. P.	
				Address		Belatton	
Accident or Suicide?						M. d	

